

POC accepted
11/22/17
(CNO)



November 22, 2017

Cheryl Davis, RN, BSN
Supervising Nurse Consultant
Facility Licensing & Investigation Section
410 Capitol Avenue – MS#12HSR
P.O. Box 340308
Hartford, CT 06134

Re: November 16, 2017 letter

Dear Ms. Davis:

We have attached our response to your letter of November 16, 2017, listing the COPs identified during the recent October 31, 2017 visit. We believe we have addressed all of the deficiencies and have identified the measures that have been or will be taken, the dates those measures will be completed, and we have identified the responsible individuals.

Bridgeport Hospital appreciates that the Department of Public Health's efforts and insight have given us an opportunity to improve our systems of care and as a result the quality of the care we provide. We would like to thank you for your assistance in this regard.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ryan O'Connell'.

Ryan O'Connell, MD
Vice President, Performance/Risk Management

ROC/dc

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 070010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/31/2017
NAME OF PROVIDER OR SUPPLIER BRIDGEPORT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 267 GRANT STREET BRIDGEPORT, CT 06610		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 000	INITIAL COMMENTS An authorized substantial allegation survey was concluded on 10/31/17 in response to complaint #22232 Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610 The following Conditions of Participation were reviewed: 482.13 Patient Rights Standard level non-compliance was identified under Patient Rights as it related to: Failure to maintain the privacy of two (2) patients. Refer to A-143 482.13(c)(1) PATIENT RIGHTS: PERSONAL PRIVACY The patient has the right to personal privacy. This STANDARD is not met as evidenced by: Based on a review of clinical records, interviews, and policy review, for two (2) of ten (10) patients' reviewed for patient rights, (Patient #1 and 2), the facility failed to maintain the patient's personal privacy. The finding includes the following: Patient #1 presented to the facility on 8/31/17 with contractions and was admitted to the Labor and Delivery (L&D) Unit. Review of the clinical record indicated that the patient's labor halted and a cesarean section was performed on 9/1/17. Interview with the off shift Patient Care Manager #1 on 10/31/17 at 1:00 PM indicated that on	A 000			
A 143	482.13(c)(1) PATIENT RIGHTS: PERSONAL PRIVACY The patient has the right to personal privacy. This STANDARD is not met as evidenced by: Based on a review of clinical records, interviews, and policy review, for two (2) of ten (10) patients' reviewed for patient rights, (Patient #1 and 2), the facility failed to maintain the patient's personal privacy. The finding includes the following: Patient #1 presented to the facility on 8/31/17 with contractions and was admitted to the Labor and Delivery (L&D) Unit. Review of the clinical record indicated that the patient's labor halted and a cesarean section was performed on 9/1/17. Interview with the off shift Patient Care Manager #1 on 10/31/17 at 1:00 PM indicated that on	A 143	Human Resources completed an investigation and determined that the employee who took the photographs on her personal cell phone violated several hospital policies, the employee terminated their employment on 9/6/17 and signed an attestation that the photographs were deleted. Responsible: Sr. Manager Human Resources	9/6/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 143	<p>Continued From page 1</p> <p>9/2/17 she was called to the post-partum unit for a patient complaint. PCM #1 stated that Patient #1 and Person #1 complained that a staff member took a picture of Patient #1, #2 (newborn), and Person #1 while in the triage area following delivery of the newborn.</p> <p>Interview with the Assistant Patient Care Manager (APCM) of the L&D unit on 10/31/17 at 9:50 AM stated that on 9/2/17 she was notified by the PCM #1 that Patient #1 had complained that a staff member (Technician #1) had taken a picture of the patient and family. The APCM indicated that at that time the off shift PCM met with the patient to determine what happened and who was involved. The APCM indicated that she called Technician #1, who was on duty on 9/2/17 who admitted that she had taken two pictures of Patient #1, #2, and Person #1.</p> <p>Interview with the Human Resources Representative on 10/31/17 at 11:15 AM indicated that he spoke with Technician #1 who admitted to taking two pictures. The Technician relayed that after a "couple" hours she realized she should not have taken photos with her personal cell phone and deleted both pictures. The technician denied showing the pictures to anyone and/or posting them on social media. The Human Resources Representative indicated upon completion of the investigation it was determined that the Technician had violated several hospital policy's and that it was a terminable offense. The Technician was informed on 9/6/17 that her employment was terminated as of that day. The Human Resources Representative obtained an attestation from the Technician on 9/7/17 that she took 2 photographs featuring a patient, her newborn and a family</p>	A 143	<p>Staff in the Delivery Room was re-educated via in-service on the importance of adhering to an appropriate code of conduct and protecting the privacy and confidentiality of patients. Staff also signed an attestation that the policy related to "Cameras and Other Recording Devices on Hospital Policy" was reviewed. Responsible: Nurse Manager</p> <p>The topic of privacy and taking of photographs will be reinforced by the Corporate Compliance Officer at the hospital's New Employee Orientation presentation on HIPPA and Hospital Policies. Responsible: Corporate Compliance Officer</p> <p>Monitoring of violations to patient privacy related to the taking of photographs will be done utilizing the RL Solutions occurrence reporting program. If violations occur they will be investigated and managed according to policy. Responsible: Risk Manager</p>	11/24/17	
				Ongoing	
				Ongoing	

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NAME OF PROVIDER OR SUPPLIER BRIDGEPORT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 257 GRANT STREET BRIDGEPORT, CT 06610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 143	Continued From page 2 member, and that the photographs had been deleted. The facility policy related to "Cameras and Other Recording Devices" indicated that to protect the privacy of patients, their families and visitors, cameras and other recording devices are only permitted in limited circumstances and only with the prior consent of the individuals being photographed.	A 143			

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November 22, 2017

Cheryl Davis, RN, BSN
Supervising Nurse Consultant
Facility Licensing & Investigation Section
410 Capitol Avenue – MS#12HSR
P.O. Box 340308
Hartford, CT 06134

Re: November 20, 2017 letter

Dear Ms. Davis:

We have attached our response to your letter of November 20, 2017, listing the COPs identified during the recent October 31, 2017 visit. We believe we have addressed all of the deficiencies and have identified the measures that have been or will be taken, the dates those measures will be completed, and we have identified the responsible individuals.

Bridgeport Hospital appreciates that the Department of Public Health's efforts and insight have given us an opportunity to improve our systems of care and as a result the quality of the care we provide. We would like to thank you for your assistance in this regard.

Sincerely,

Ryan O'Connell, MD
Vice President, Performance/Risk Management

ROC/dc

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

DATE OF VISIT: October 31, 2017

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D3 (b) Administration (2) and/or (e) Nursing service (1) and/or (i) General (6).

1. Based on a review of clinical records, interviews, and policy review, for two (2) of ten (10) patients' reviewed for patient rights, (Patient #1 and 2), the facility failed to maintain the patient's personal privacy. The finding includes the following:

- a. Patient #1 presented to the facility on 8/31/17 with contractions and was admitted to the Labor and Delivery (L&D) Unit. Review of the clinical record indicated that the patient's labor halted and a cesarean section was performed on 9/1/17. Interview with the off shift Patient Care Manager #1 on 10/31/17 at 1:00 PM indicated that on 9/2/17 she was called to the post-partum unit for a patient complaint. PCM #1 stated that Patient #1 and Person #1 complained that a staff member took a picture of Patient #1, #2 (newborn), and Person #1 while in the triage area following delivery of the newborn.

Interview with the Assistant Patient Care Manager (APCM) of the L&D unit on 10/31/17 at 9:50 AM stated that on 9/2/17 she was notified by the PCM #1 that Patient #1 had complained that a staff member (Technician #1) had taken a picture of the patient and family. The APCM indicated that at that time the off shift PCM met with the patient to determine what happened and who was involved. The APCM indicated that she called Technician #1, who was on duty on 9/2/17 who admitted that she had taken two pictures of Patient #1, #2, and Person #1.

Interview with the Human Resources Representative on 10/31/17 at 11:15 AM indicated that he spoke with Technician #1 who admitted to taking two pictures. The Technician relayed that after a "couple" hours she realized she should not have taken photos with her personal cell phone and deleted both pictures. The technician denied showing the pictures to anyone and/or posting them on social media. The Human Resources Representative indicated upon completion of the investigation it was determined that the Technician had violated several hospital policy's and that it was a terminable offense. The Technician was informed on 9/6/17 that her employment was terminated as of that day. The Human Resources Representative obtained an attestation from the Technician on 9/7/17 that she took 2 photographs featuring a patient, her newborn and a family member, and that the photographs had been deleted.

The facility policy related to "Cameras and Other Recording Devices" indicated that to protect the privacy of patients, their families and visitors, cameras and other recording devices are only permitted in limited circumstances and only with the prior consent of the individuals being photographed.

DATE OF VISIT: October 31, 2017

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

Violation Number	Action Plan to Correct Deficiency	Projected Completion Date	Staff Member with Designated Responsibility
1a	Human Resources completed an investigation and determined that the employee who took the photographs on her personal cell phone violated several hospital policies; the employee terminated their employment on 9/6/17 and signed an attestation that the photographs were deleted.	9/6/17	Sr. Manager Human Resources
	Staff in the Delivery Room was re-educated via in-service on the importance of adhering to an appropriate code of conduct and protecting the privacy and confidentiality of patients. Staff also signed an attestation that the policy related to "Cameras and Other Recording Devices on Hospital Policy" was reviewed.	11/24/17	Nurse Manager
	The topic of privacy and taking of photographs will be reinforced by the Corporate Compliance Officer at the hospital's New Employee Orientation presentation on HIPPA and Hospital Policies.	Ongoing	Corporate Compliance Officer
	Monitoring of violations to patient privacy related to the taking of photographs will be done utilizing the RL Solutions occurrence reporting program. If violations occur they will be investigated and managed according to policy.	Ongoing	Risk Manager

